

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90075 022 ****55.00

DOCUMENT # L01000000091

1. Entity Name
FLORIDA ECO NURSERIES, L.L.C.



Principal Place of Business
502 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

Mailing Address
502 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

24060979



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3712477

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARKIN, DAVID G ESQ.
1900 S. HICKORY STREET, SUITE A
MELBOURNE, FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BROUSSARD, WILLIAM J
502 E NEW HAVEN AVE
MELBOURNE, FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William J. Broussard William J. BROUSSARD 7-29-04 321-726-4000